

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORKTony Harris **10 CIV. 5099**

(In the space above enter the full name(s) of the plaintiff(s).)

-against-

① CITY of New York,
Warden Gas, Co Miller,
Co Barnes, Co John Doe
1, John Doe 2 medication escort,

② Co Green, Co meadows
Co Jane Doe, Co John Doe

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

COMPLAINT

under the
Civil Rights Act, 42 U.S.C. § 1983
(Prisoner Complaint)

Jury Trial: ☒ Yes ☐ No
(check one)

I. Parties in this complaint:

- A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff	Name	_____
	ID #	_____
	Current Institution	_____
	Address	_____

NA

- B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

JUN 22 2010

Defendant No. 1 Name Warden G95 Shield # _____
 Where Currently Employed Warden Position
 Address 18-18 Hazen St
East Elmhurst NY 11370

Defendant No. 2 Name CO Miller Shield # _____
 Where Currently Employed Receiving Room C-95
 Address 18-18 Hazen St
East Elmhurst NY 11370

Defendant No. 3 Name C.O. Barnes Shield # _____
 Where Currently Employed Receiving Room
 Address 18-18 Hazen St
East Elmhurst NY 11370

Defendant No. 4 Name C.O. Green Shield # _____
 Where Currently Employed Dorm Area C-95
 Address 18-18 Hazen St
East Elmhurst NY 11370

Defendant No. 5 Name C.O. Meadows Shield # _____
 Where Currently Employed Medication Officer C-95
 Address 18-18 Hazen St
East Elmhurst NY 11370

II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. In what institution did the events giving rise to your claim(s) occur? C-95

B. Where in the institution did the events giving rise to your claim(s) occur? Hallways
- corridors

C. What date and approximate time did the events giving rise to your claim(s) occur? 2006 - 2007

D. Facts: On Approx Jan 6, 2006 I was returning to housing area from medication when officer Miller and officer Barnes asked me if I was John Doe. They then assaulted, punched and kicked me when I went in a fetal position other officers including the escort then assisted in the assault. I was not given a Disciplinary Ticket. This assault was due to my status as a civil complainant.

What happened to you?

Who did what?

Was anyone else involved?

Who else saw what happened?

In March 2007 while I was in Room 2 main I was advised of a trial court date in the Southern District. I was not produced for court, which resulted in my extended stay as a prisoner while I was filing complaint to the Inspector General I was assaulted by officer meadows and told I was not going to law library. I suffered a ruptured eardrum the next morning I asked officer Green to send me to emergency sick call due to blood being discharged from my ears, she refused me and told me I would not get any medical assistance. I again called the Board of Correction who arranged for my initial Green treatment.

III. Injuries: see additional page SA

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received. head injuries, suffering and pain, bleeding, scars, Jan-6-2006 loss of usage of limbs.

on March 2007, injuries included ruptured eardrum, pain, suffering loss of hearing

IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

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... The City of New York, employees and
 ... fail to train, monitor, and punish
 ... Abusive employees, whom kills, maim
 ... and injury person without legal justification
 ... cause or provocation.
 ... and thru Policy and Custom fail to
 ... investigate or file Criminal Charges
 ... for Abuse against its citizens.

... Warden of C95, fail to investigate
 ... Incidents, and allow the hostile
 ... environment, corruption and
 ... excessive use of power, and fails
 ... to control corrupt Abusive Officers
 ... The negligence or Indifference to
 ... Constitutional protected Rights of
 ... Class of person Institutional.

... At all times relevant as Public
 ... officers and employees the Defendant
 ... was employed pursuant to NY State
 ... law to protect and serve the
 ... Plaintiff equal protection of Law.

- A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?
 Yes ☒ No ☐

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s). C-95

- B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?
 Yes ☒ No ☐ Do Not Know ☐

- C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?
 Yes ☐ No ☐ Do Not Know ☒

If YES, which claim(s)? _____

- D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?
 Yes ☒ No ☐

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes ☒ No ☐

- E. If you did file a grievance, about the events described in this complaint, where did you file the grievance? Inspector General, Board of Correction

1. Which claim(s) in this complaint did you grieve? Both

2. What was the result, if any? I was not upheld by Investigator or Doc

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process. Article 78

- F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here: _____

2. If you did not file a grievance but informed any officials of your claim, state who you informed, when and how, and their response, if any: _____

I report incident to the New York City, Investigatory Branches who are responsible for employees corruption

- G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies. _____

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. Relief:

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount). _____

Reprimand on usage of force

Cash Award for 5 million Dollars \$
Five million Dollars

for Pain suffering, mental suffering, Anguish
Loss of limbs loss of Consortium,
medical indifference

VI. Previous lawsuits:

On these claims

- A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?
Yes ☒ No ☐
- B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff Tony HarrisDefendants city of NY et al2. Court (if federal court, name the district; if state court, name the county) USCA 05-0081 or3. Docket or Index number Court of Appeals

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____

6. Is the case still pending? Yes ☒ No ☐

If NO, give the approximate date of disposition _____

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?)

this action was ordered Refiled
June 2, 2010 by USCA en banc

On other claims

- C. Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment?
Yes ☐ No ☒

- D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff Tony HarrisDefendants City of NY, et al2. Court (if federal court, name the district; if state court, name the county) 02cv1617 USDCSDNY

3. Docket or Index number _____

4. Name of Judge assigned to your case Preska

5. Approximate date of filing lawsuit _____

6. Is the case still pending? Yes ☐ No ☒If NO, give the approximate date of disposition June 2007

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) court ordered
separation of action

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 18 day of June, 2010.

Signature of Plaintiff

Anthony Hears

Inmate Number

~~Institution~~ Address

79-25 Winchester Blvd
Queens Village
NY 11437

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 18th day of June, 2010, I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff:

[Signature]